

Classroom Core Training Content Components

The philosophical underpinnings of the training need to be trauma informed practice / care and collaboration with professionals, families, consumers and natural supports.

I. *Systems Overview*

- Definition about what crisis is and is not – the crisis continuum; system of care
- Prevention, planning and maintenance – what crisis workers are responsible for
- Other systems that respond – we don't do crisis alone; it's part of a team response
 - Role and authority of other system responders; how to professionally approach other systems; consider including in training “a night in the life of the LE Office or ER doctor” for a view of what these professionals face on a typical night; refer back to agency to learn about the specific approaches with the various LE agencies and hospitals and the varying requirements
 - Crisis workers role and authority in the response
 - The necessity of developing relationships with LE, ER, schools, friends, relatives and consumers
 - Consultation with a supervisor – no crisis worker should feel like they are out there alone; knowing when to consult with a supervisor
 - Get the Matrix from Mark Morrison
 - Add the continuum of crisis management from the philosophical overview in the web-based training
- Trauma understanding
- Professionalism, including what to wear when responding to a call
- Ethics and boundaries in the ER; duty to warn; confidentiality in crisis response

II. *Basic Information Gathering*

- What initial (current individual and environmental status) information do I need to collect from the crisis call?
- What do you ask the officer at the initial call in order to complete a situational assessment?
- What basic information do I need to collect?
- What am I going into? Accessing database with background information and resources

III. *Risk Assessment*

[Note: will require participants to this training to review or complete sections of the web-based training]

Add the following areas:

- A. Legal Overview to include special population issues – guardianship, frail elders, kids under 14, kids 14-17, protective placements, power of attorney, placement under Ch. 55, Ch 51.13 (Act 444) voluntary child admission by parent (want workers to be aware of Act and how they can divert this from the county system to a voluntary)
- B. Liability Issues – Risk Management (keeping yourself and your agency safe) to include documentation – how to chart what you do and risks when not documented; what does a good record look like; how the state looks at issues (for example a suicide)
- C. Substance Abuse section needs to be added – need to cover withdrawal and Detox

- D. Cultural Factors in the assessment process to include – use of interpreters (language/hearing impaired); Hmong, Native American and Hispanic belief systems and how legal standing issues may impact request for services
- Chapter 51 – Essence of the law; assessing for dangerousness, MI, substance abuse, and APS
 - Differential diagnosis
 - MH status assessment at crisis
 - Medical conditions that may mask as MH/substance abuse– UT, dehydration, medication errors, dental issues, and physical conditions; medical clearance; combining medications with alcohol and incapacitations (Ch. 51.45); how to rule out medical conditions
 - Domestic violence and options for victims
 - APS – chapter 55 including financial abuse and self-neglect
 - Medications and interactions – when need to go to ER?
 - Chapter 51 diversion/non-diversion options
 - Stages in a 51 including 3-party petition, 1 month, 6 month, 12 month
 - What happens if consumer already on a stipulation
 - DD, MH, Alcohol
 - Direct to county policy (under Ch 51)
 - LE/Crisis Worker hand-off; role in hospital – which professional goes to the hospital
 - What to do when the consumer is not medically cleared?
 - Direct to county policy as diversion decisions can happen outside the ER
 - Threat to other person or community or tandem thoughts of threat to self and others
 - Considering the use of available tools to assess risk
 - De-escalation techniques – introduced only
 - Assessing risk factors – intoxication & suicide and MH, social detox, medical/physical conditions, environmental factors in increasing or reducing risk
 - Self-safety considerations – when to have an officer present in an interview?
 - Suicide Prevention Research – need to look at the most current
 - Familiarity with the concept
 - Impact of medication
 - Understanding risk and protective factors
 - Door County tool – introduce separately child and adult suicide assessment tool (Oconto County has child/adolescent tool)
 - What does a good clinical interview look like?
 - Leah Hoff – 2 levels of assessment
 - Supervisor / supervisee social support network development (Paul’s story about the military)
 - Specific to the Native American population

IV. *The Crisis Continuum*

- A. Crisis Planning - Crisis Prevention – anticipatory planning; what can I do to prevent crisis [look at Community Intervention Project work]
- Trauma understanding
 - Responses on a crisis continuum (WRAP) – use the SAMSA version (rather than WRAP) as the SAMSA version is not copyrighted

- Crisis stabilization
- Crisis Response Plan
- Confidentiality as it relates to sharing the plan
- Historical patterns and symptoms and triggers
- Stage-based planning / early intervention
- Signs of escalation
- Value of using a consumer WRAP plan
- Community services such as NAMI
- Help the consumer get connected (follow up to assure action taken)/ Follow up – warm hand – peer support
- Documentation
- B. Crisis Response (Safety) Planning
 - Helping the consumer and all family members in crisis understand the process and the wait (handholding the family)
 - Basic strengths and needs assessment
 - Consumer safety is the priority – what do I need to do to make the situation safe for the consumer
 - Matching plan to the risk factors
 - Response plan that entails diversion
 - What does a good crisis response plan look like
 - Documentation
 - Mental Health
 - Substance Abuse – ongoing alcohol dependency issues in planning; dependence takes on a life of its own
 - Integrate in cultural competence
- C. Linkage, Follow-Up and Stabilization
 - Follow-up at agency over next day or few days to include: Engagement with consumer, natural supports and professionals; Further assessment/history gathering; Connection to resources; Crisis planning

V. *Teaming – Collaborative Teaming in Human Services*

VI. *Therapeutic Communication and Non-Violent Crisis Intervention*

To Be Determined After we Offer the STS Training for Supervisors

- Secondary Traumatic Stress and Self-Care
 - Debriefing
 - If you make the wrong call...
 - Admin. Support/agency culture
 - Supervisor response to staff
 - Responding to your gut (Paul)